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Amendment Transmittal Letter and the Amendment

Applicants: AOKI
Serial No.: 09/346,277 Filed: 7/1/1999
Docket No. RCOH-1013
Date Sent: May 5, 2004
KJY:ir

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Technology Center 2600

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AMENDMENT TRANSMITTAL LETTER (Large Entity)

Applicant(s): Shin AOKI

Docket No.

RCOH-1013

Serial No.
09/346,277Filing Date
July 1, 1999

JUN 18 2004

Examiner
WISDAHL, Eric D.Group Art Unit
2615

Invention: DIRECTION-SENSITIVE CORRECTION METHOD AND SYSTEM FOR DATA INCLUDING ABRUPT INTENSITY GRADIENTS

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TO THE COMMISSIONER FOR PATENTS:

JUN 23 2004

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

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CLAIMS AS AMENDED

| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
|---|-------------------------------------|-----------------------------|--------------------------------|-----------|-------------------|
| TOTAL CLAIMS | 18 - | 20 = | 0 | x \$18.00 | \$0.00 |
| INDEP. CLAIMS | 3 - | 3 = | 0 | x \$86.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) | <input type="checkbox"/> | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |

No additional fee is required for amendment.

Please charge Deposit Account No. _____ in the amount of _____.

A check in the amount of _____ to cover the filing fee is enclosed.

The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-0462

Any additional filing fees required under 37 C.F.R. 1.16.

Any patent application processing fees under 37 CFR 1.17.

Signature

Dated: May 5, 2004

Ken I. Yoshida
Reg. No.: 37,009
KNOBLE YOSHIDA & DUNLEAVY LLC
Eight Penn Center, Suite 1350
1628 John F. Kennedy Blvd.
Philadelphia, PA 19103
215-599-0600
Customer No.: 21,302

I certify that this document and fee is being deposited on 5/5/04 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature of Person Mailing Correspondence

Iris C. Rousey

Typed or Printed Name of Person Mailing Correspondence

CC: